STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County omersel	Registration Dist. No. 260
	No. St., Ware feath occurred in a hospital or institution, give its NAME instead of street and number)
0 10	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Benjamm T. Day	glis
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Manied	21. DATE OF DEATH (Month) (Dev) (Yest)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Waisy & Baylis.	Nov 15 ,19 36, to Jan 18 ,19 3;
6. DATE OF BIRTH (month, day, and leer) + 6. 2 36 8 7 5 7. AGE Years Months Days If LESS than	t last saw h alive on, 19.3.7; death is sal to have occurred on the date stated above, at 10.0.5 m.
6/ // 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chouse Valvida Heart DE ?
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic nephrat
10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation / 84	
12. BIRTHPLACE (city or town) breen Lawr Long da (State or country)	Other Contributory Causes of importance:
13. NAME Orlando Blaylis.	,
13. NAME (Plands Blaylis. 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAGENLUCIA Mines	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MARTELLARIE (City or town) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clarence Baylis. (Address) Princess Onde and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Jarge sland n. y. Place East north Past bate gants 1937	Manner of injury
19. UNDERTAKER Charles Dashiell	24. Was disease or injury In eny wey related to occupation of deceased?
20. FILED 1 26 , 19.37 P. Santa Regular.	(Signed) (Signed) (Address) Rham Que Court (M.

If wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

should state

Exact statement

stated EXACTLY.

AGE should be

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PL

of OCCUPA.

D. Every item of infor-

UNFADING INK-THIS IS A PERMANENT REC

FOR BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
		K 1 7 2 7		
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

1. PLACE OF DEATH	<u>na</u>
County Sough set	Registration Dist. No. 262
Village or City to a last sherry	No. St.,
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME Carrie Bes	If U. S. Veteran, specify WAR
(a) Residence: No.	S(Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	
5a. If married, widowed, or offered HUSBAND of (or) WIFE of charles Beshof	22. HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH (month, day, and yeer) Not decowel	I last saw h alive on, 19; death l
AGE Years Months Oeys If LESS that	
Tu or or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	a tomorgency - no Physican
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dele dacaged last worked at	To pull X + for
work was dona, as SILK MILL, SAW MILL, BANK, etc	1 200 rais of a violate
O this occupation (month and) spent in this	9
year)occupation	Other Coatributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Lavid Green	
I	Manual acception
14. BIRTHPLACE (city or town) Made Company (State or country)	Neme of operation Oate of Was there an eutopsy? Was there an eutopsy?
15. MAIDEN NAMEMalurda Jores	23. If daath was dua to axternal causes (VIOLENCE) fill in also tha following:
0 16, BIRTHPLACE (city or town) Nashberg Store	Accident, suicide, or homicida? Oate of injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT COLORS Coty, Med	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18: BURIAL CREMATION, OF REMOVAL	Menner of injury
Place to the part of 9, 19 so	Nature of Injury
19. UNDERTAKER GERMONES, Stevenson	24. Was disease or injury in any wan related to occupetion of deceased?
(Address) Pocomolo Lace, Mil	If so, specify Mrs. Colcuston Wares
20. FILEO Jan 18, 1937 Mrs Claylon War	(Signad) De Registrary
Registrar.	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		2	
Other contributory causes of importance:	TO SHEET E	Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis 8	1 year
		15 7 61	
		10 93	
		1 1 -	-

	ORPORATE LIMITS Registration Dist. No. 2 61
	NO. St Ward
	death-occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
ads.	haw
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
D,	21. DATE OF DEATH
lu)	(Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I ettended deceased from
	22. I HEREBY CERTIFY That I ettended deceased from 19.37
1 8	i last saw halive on
han	to have occurred on the date stated above, atm.
_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	Chronic replantes of
	apr
	1134
	Other Coatributory Causes of importance;
	arterio Ecleronia Sofia
	1436
	Neme of operation
	What test confirmed diagnosis? Was there an eulopsy?
nd	23. If death was due to external causes (VIOLENCE) fill in elso the foilowing: Accident, suicide, or homicide?
	Where did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Md	
	Manner of injury
.3.7.	Nature of Injury
	24. Was disease or injury in any way releted to occupation of deceased?
	If so, specify le & le celling M.D.
	(Signed)
ar.	(Address)

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FFB 8 1937	-			
Other contributory causes of importance: S.	Control of the contro	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 76	9
1	1. PLACE OF DEATH				(31)	
1	County Somerset .,				Registration Dist. No.	
	Village or City	Crisfie	eld .		No. St., Wardeath occurred in a hospital or institution, give its NAME instead of street and number)	ard
10	Length of residence in cit	y or town where d	eath occurredC		ds. How long in U.S. If of foreign birth?yrsmos	ds.
:	. FULL NAME.			Butler	If U. S. Veteran, specify WAR	!
	(a) Residence: No	Mar	On Md (Usual place		St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATISTI	O'THE STREET		MEDICAL CERTIFICATE OF DEATH	_
3.		R OR RACE	s. single, Mari or divorces Marri	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Vear) (Year)	
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Arintha Ella Butler			a Ella E	Butler	21. I HEREBY CERTIFY, Thet I attended deceased for the state of the st	rom
6.	DATE OF BIRTH (month, day	, and vear)	Aug 10	1865	I last saw h alive on	aid
-	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, at	
	71-	5	4	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oateolon	set
NO	8. Trade, profession, or pa	as SPINNER,	Fai	rmer	all Diod Next	10
OCCUPATION	SAWYER, BOOKKEE 9. Industry or business in work was done, es S SAW MILL, BANK, e		****************		Gulol Harmshleys.	
000	10. Oate deceased last wor this occupation (more year)	ked at 19	32 11. Total ti sper	me (years) ? It in this pation		
12	. BIRTHPLACE (city or town)	Wo	oster C		Other Coatributory Causes of importance:	, ,
_	(State or country)		Maryl	and	Olimpany regisello	7
HER	13. NAME	Joshua I			Olempompicadels	
FATHER	14. BIRTHPLACE (city or to	wn)WC	Narvla		Name of operation	
2	,	Hizabet	h Britt		What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:	
MOTHE	15. MAIOEN NAME Elizabeth Brittingham 16. BIRTHPLACE (city or town) Wooster County (State or country) Maryland			ounty	Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT Clarence Butler			ice Butl	er	Where did injury occur?	
18	(Address) BURIAL, CREMATION, OR R	REMOVAL	UTISTIC	1.0	Manner of Injury	
	Place St Pau	ls Cem	OateJE	n 17,137	Nature of Injury	
19	. UNDERTAKER (Address)	nd Dr. Crisfie	adal Id Md	our	24. Wes disease or injury in any wey related to occupation of deceased?	
20	FILEO Jon 17.	1937 8	Pleale	Registrar.	(Signed) Linguist Collbridge (Address) MANAN DOD	1. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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\$ 5 th	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

OCCUPATION

12

FATHER

MOTHER

I3. NAME

17. INFORMANT _ (Address)

19. UNCERTAKER

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town (Stata or country)

15. MAIOEN NAME

1. PLACE OF DEATH

Village or C	Somerset Crisfic dence in city or town where	eld	(][No. N Somerset Ave death occurred in a horpital or institution, give its NAME institution. ds. How long in U.S. if of foreign birth?
(a) Residen	ME John R	Corbin erset Av (Usualplace	e	St., Ward. If nonresident give
	AL AND STATIST			MEDICAL CERTIFICATE OF
SEX M	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH
If married, widow HUSBANO of (or) WIFE of		ie F Cor		22. I HEREBY CERTIFY, 1 last saw h aliva on factory
AGE Yea	Months	Days O	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at. 7
kind of SAWYER 9. Industry or work wa SAW MII 10. Date deceas this occu	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc ad last worked at pation (month end	sper		Edema of lang
BIRTHPLACE (ci	Smi.	th Islan	đ	Other Contributory Causes of importanca:

Lawson A Corbin

STATE OF MARYLAND—CERTIFICATE OF DEATH

Vland
Where did injury occur?...

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Id

Mannar of injury

Mannar of injury

Accidant, suicida, or homlcide?_____

24. Was disaase or injury in any way related to occupation of deceased?

If so, specify

23. If death was due to external causes (VIOLENCE) fill in also tha following:

(Address)

(Address)

ead of street and number)

rity or town and State

Importance

Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar.

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FFR 6 1937				
Other contributory causes of importance: 8.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

certificate.

200	p.Big	-6
1	1	-1
6	-	A

1. PLAC	CE OF DEA	TH				- A	(8)			
Coun	ty Somer	set			OHITE!	IM	Regis	tration [Dist. No. 285	
Villag	ge or City	Crisfield		MAHIN COM	No.	Somerset	Ave.		St.,	Ward
Lengti	h of residence in ci	ity or town where d	leath occurred						yrs	
2. FULL	NAME			Coulbour	rne					
(a) R	Residence: No		(Usual place	of abode)	St.,	Ward.	If no	nresident g	rive city or town ar	nd State
PER	SONAL AN	D STATIST	CAL PARTI	CULARS		MEDICA			OF DEATH	
3. SEX M		R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DA	TE OF DEA		15	(Day)	., 1937 (Year)
HUSBAN		orced			22.	LUEDI	EBV CEE	TIEN	Z That I attends	A Marian A form
(or) WIF	FE of				44.				f, That I attende	
6. DATE OF I	BIRTH (month, day	v. and year) Ja	n. 15, 1	L937	I last say				, 19	
7. AGE	Years O	Months	Days	If LESS than I day,hrs. ormin.	to have	occurred on the dat NCIPAL CAUSE OF follows:	e stated above, a	t	m.	
9 tridus 9 tridus W Si 10. Date	e, profession, or paind of work done, AWYER, BOOKKEE stry or business in ork was done, as SAW MILL, BANK, of deceased last world is occupation (molear)	as SPINNER, PER, etc 1 which SILK MILL, etc rked at nth and	11. Total ti	ime (years) nt in this spation	02	mo. fetu				Date of onset
	ACE (city or town) or country)	Cris	field, Mo	la	Other Co	entributory Causes (of Importance:			•-
13. NAME	Thomas	Coulbour	ne							
	HPLACE (city or to State or country)	own) Cris	field Md.		Name of	operation			Date of.	
15. MAID	EN NAME Je	wel Stehm	an						In also the following	
E (S	HPLACE (city or to State or country)	Stehman C	d. oulbourne	2	Accident Where di	, suicide, or homicidid injury occur?	de?	v city or b	ate of injuryown, county and State, or in PUBLIC P	, 19
	REMATION, OR R			, 19	13					
19. UNDERTA		************	•			isoase or injury In			tion of deceased?	
20. FILED	Jan. 15,	19 37 C	. E. Coll	Lins Registrar.		ned) Saral	is feld	Pay to	7	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		81 4	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			E9
County	Y		Registration Dist. No.
Village or City Ueslum	KNO	mes (16	AND CLARY TO ALLY MANE Instead of street and number)
Length of residence in city or town where o	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Boly	De.	hura	el
(a) Residence: No.	(Usual place o	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6 /2 woulds	unolite	Child	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	au 311	937.	1 last saw h
7. AGE Years Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.			Cremotine Child about
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	rono		6-/2 mullo
10. Date deceased last worked at this occupetion (month and year)		me (years) t in this petion	
12. BIRTHPLACE (city or town)			Other Coutributory Causes of Importance:
(State or country) E 13. NAME Por mind	Dasly	all	Browles Prenous
14. BIRTHPLACE (city or town) LLL	lino d	no.	Name of operation Date of
(State of country)	11		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Outly 16. BIRTHPLACE (city or town)	Hand	Zy.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 16, BIRTHPLACE (city or town)	<u> </u>		Where did Injury occur?
17. INFORMANT Raymond	wash	iiel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2	1,27	Manner of injury
19. UNDERTAKER Chas H	Date	1.1,19.3./	Neture of Injury 24. Wes disease or injury In any way related to occupation of deceased?
(Address)	larious	Mid	If so, specify p
20. FILED 731, 1937 Gur	elia 10	Jawsor Registrar.	(Signed) (Signed) (Address) Mr. M.

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MINEW			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3 773		
state UPA	1. PLACE OF DEATH	913		
	County Homeret	Registration Dist. No. 265		
should of OCC		COFNOCRATE LIMITS OF St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
ANS aent		ds. How long In U.S. if of foreign birth?yrsmosds.		
AD. E.	2. FULL NAME Susan M. Nisharo	or If U. S. Veteran, specify WAR		
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PHY PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
T RE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write tha word)	21. DATE OF DEATH Jan, 10 th, 1937 (Month) (Day) (Year)		
MANEN A C T I assified.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Seekh W. Duharoon	22. I HEREBY CERTIFY, That I attanded daceased from Serf., 1930, to Jan. 10 1937		
SN2	6. DATE OF BIRTH (month, day, and year) June 6th 1857	I last saw h Land alive on 19.3.7. death is said		
A 17	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 11:20 f.m.		
IS A P stated properl	79 7 4 Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:		
be st be pr of cer	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Personal Canada 1930		
vK—TI should it may n back	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
INE Sh tit on	10. Date daceased last worked at this occupation (month and year)			
NFADING plied. AGI erms, so tha	12. BIRTHPLACE (city or town) Someset Co. (State or country)	Other Contributory Causes of importance;		
NFA plied rms, nstr	13. NAME Dett Venable			
rH the sup lain te See i	14. BIRTHPLACE (city or town).	Name of oparation Date of		
== 6 .	or Mais of country)	What test confirmed diagnosis? Cherelel Was there an autopsy?		
2. 10	15. MAIDEN NAME Husan III. Janes.	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicida, or homicide?		
AINLY, id be car DEATH y import	(State or country) Miconice Conflict	Whera did injury occur? (Specify city or town, county and State)		
ABU	17. INFORMANT MAI Dollar Carlo Mase (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
四一日 日	18. BURIAL, CREMATION, OR REMOVAL Place Hulesburg, Md. Date Hay. 132, 137	Mannar of Injury		
WRITE mation sCAUSE	2 Parall	Natura of injury		
7	19. UNDERTAKER 21 X Allwson Ma. (Address) Crisfield, Ma.	24. Was disease or injury in any way ralated to occupation of dacaased?		
z z	20. FILED Jun 12, 1937 les levers	(Signad) S. M Layton M. D. (Address) Crip 40 Rd 1 W.		

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AUSTAL V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
- 10.			

STATE	OF	MARYI	AND-CERTIFICATE OF	DEATH
JIAIL		MAL	AND CENTILICATE OF	

1	. PLACE OF	DEAT	ГН			(23)
	County	Sor	nerset	WITHIN.	CORPORAT	E LIMITS OF Registration Dist. No. 265
	Village or Ci	ity (Crisfie:			No. 115 80 4th Street St Ward
					۲ ٦٦ (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of resid					ds. How long In U.S. if of foreign birth?mosds.
1	. FULL NAT	VIE	Jessie .	May Elz	16	If U. S. Veteran, specify WAR
	(a) Residence	e: No	115 Sc	4th		St., Ward.
painting.				(Usual place	of abode)	If nonresident give city or town and State
				CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	F	4. COLO	R OR RACE	s. single, mari or pivorcei Singl	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widows	ed, or divo	rced			
	(or) WIFE of		1)	Tone		22. I HEREBY CERTIFY, That I attended daceased from
	DATE OF BIRTH (month day	Fe	b 5 192	ス	
	AGE Year		Months	Days	If LESS than	to have occurred on the data stated above, at
	13		11	21	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8 Trade profession or particular		ormin.	were as follows: Perlanguakly Hemothers Date of onset		
ON	kind of work done, es SPINNER, School			School		Puli wary terrestrice
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,			Talkentu ally 19272-All Student		
9	SAW MIL	done, as S L, BANK, e	SILK MILL, etc			
000	10. Date decease this occupyear)	ed last wor pation (mor	nth and	sper	ma (years) It in this pation	
	01DTUD: 4 0T (-:4		Cri	sfield		Other Contributory Causes of importance:
12	. BIRTHPLACE (cit (State or coun			larvland		
2	13, NAME		James E			
FATHER	14 01071101405			Crisfie	ld	Name of operation Level Data of
FA	14. BIRTHPLACE (State or		wn)	Mary	Land	What test confirmed diagnosis? Wenned Was there an autopsy? July
HER	15. MAIOEN NAI	ME	I		tterson	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
H			14	Crisf	'ield	Accident, suicide, or homicide? Date of injury19
MOT	(State or		wn)		vland	Where did injury occur?
			Geo	rge Rour		(Specify city or town, county and State)
17.	(Address)			risfiel		Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18	BURIAL, CREMAT	ION, OR R	EMOVAL			Manner of injury
	Pleca Lav	vsoni	a Cem	Date Ja	n 29,19 37	
19	. UNDERTAKER	Lon	n 1131	odst	on	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Lag
20.	FILED Joss	28.,	37 6	Elea	Elmo Registrar.	(Signed) Les Perston M. D. (Address) Crip Destal M.
earte.	-	-	If more	blanks are needed, a	ddress State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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FED 6 1027			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
hardware and the same and the s			

Every item of infor-A PERMANENT REC FOR BINDING NFADING INK-THIS ARGIN RESERVED

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	775
1. PLACE OF DEATH			7A
county mersel	- f	Registration Dist. No.	~ 0
Village or City - (Hust	ield	MB lies dy Memoreal Hospital,	War
Length of residence in city pr town where		f death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME Land	is Farrell	If U. S. Veteran, specify WAR	
(a) Residence: No. Meho	both	St., Ward.	
.,	(Usual place of abode)	If nonresident give city or town as	nd State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	Leece 31	193. 7
5a. If marriad, widowed, or divorcad	1 maye	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attenda	d deceased fro
6. DATE OF BIRTH (month, day, end year)	lay container 1803	1936, 10 Jan 31	, 19.37.
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5 0 Am.	; death is sa
43) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Trada, profession, or particular	ormin.	were es follows:	Date of onse
8. Trada, profession, or particular kind ôf work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	tavour	lesoures	2000
9. Industry or business in which work was dona, es SILK MILL.	Farm		
U ID. Date decaased lest worked at // T	11. Total time (years) 2 spant in this	-	
this occupation (month end / 93 year)	6 spant in this occupation		
12. BIRTHPLACE (city or town) Worch	ster ounty	Other Contributory Causes of importance:	market
(State or country)	ma	Neme suprandeles	7/
13. NAME ROVERT	torrell +	ė.	
(Stata or country)	chille County	Name of operation Date of	
15. MAIDEN NAME Mar	Con the second	What tast confirmed diagnosis? Was there er	
Ξ (y curring	23. If deeth wes dua to external causes (VIOL ENCE) fill in elso the followi	-
(State or country)	maryland	Accident, suicida, or homicide? Date of Injury Whare did injury occur?	19
17. INFORMANT A THO	Reliobort m	(Specify city or town, county and St Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC F	ate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE TO SUBJECTIVE	Data Fet 6 ,1937	Mennar of injury	
19. UNDERTAKER SMM 4/2	fud my	24. Was disaase or Injury in any way releted to occupation of decaesed?	
20. FILED 2 5 , 19.2.7	len E. Callina.	(Signed) Lesse Cullium	М.

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14AR 8 1937	1		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

X	Every item of infor- IANS should state ment of OCCUPA-	
2	NT RECORD. I LY. PHYSIC d. Exact state	
OR BINDING	S A PERMANE tated E X A C T roperly classified crificate.	
MARGIN RESERVED FOR BINDING	G INK—THIS I GE should be s that it may be p ns on back of ce	
MARGIN	WITH—CNFADIN fully supplied. A n plain terms, so fut. See instruction	
V. S. No. 1	N. B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

V. S. No. 1

1. PL	ACE OF DE	ATH	4 . 4	TLAND	CERTIFICATE	2/6
Co	ounty	Jour	Ma	V/		Registration Dist. No.
	llage or City	CASO	-U			St., Ward
Le	ngth of residence in	city or town where	death occurred	yrs	as. now long in U.S. If	of forelga birth?yrsmos,ds.
2. FU	LL NAME		FO	201		
,) Residence: No.		(Usual place		St., Ward.	If nonresident give city or town and State
		ND STATIST				CERTIFICATE OF DEATH
3. SEX	M. 1.00	LOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	JAN 7 1937 193 (Year)
5a. If mar	ried, widowed, or d	ivorced				
	WIFE of	_			JAN 7 102	Y CERTIFY, That I attended decaased from
6 DATE	OF BIRTH (month,	day and year)	JAN 7	1937	I last saw h alive on	JAN 7 1937 19 death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stat	ed above, at 285, m.
	6 2	5	0	orhrs.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related causes of importance
S 8. 1	rade, profession, or kind of work dor	na, as SPINNER,			Donn w	The Caux or
9/1	SAWYER, BOOK! industry or busines:	s in which			peacemen	neem blant over
9 fi	work was done, a SAW MILL, BAN	s SILK MILL, K, etc			Jack - Lau	sary sufficient
10. 0	this occupation (year)	month and	sp.	tima (years) ent in this cupation	befor wort	or allival
	IPLACE (city or tow State or country)	(n)	nols		Other Contributory Causes of imp	oortance:
13. N	AME (scar	FM	d		
13. N	IRTHPLACE (city o	r town)	1		Name of operation	Data of
2	(State or countr)			10 1	70	Was there an autopsy?
15. M	IAIDEN NAME	Mila	red/n	Chause	23. If death was dua to external ca	usas (VIOLENCE) fill in also tha following:
5 16. B	IRTHPLACE (city of	r town)			Accident, suicide, or homicide?	Date of injury, 19
Σ	(State or country	1) //	0	A	Where did Injury occur?	(Specify city or town, county and State)
17. INFOR	MANT	ildely	FOR	J	Specify whethar Injury occurred	In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Democratic Data Jan 11, 1937					Manner of injury	
19. UNDE	RTAKER -	. J. V.	elos	ly	24. Was disease or Injury In any	way related to occupation of decoased?
20. FILED	8- 11	1937	hap S	Registrar.	If so, specify (Signed) (Address)	Dinglison M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1001			
Other contributory causes of importance:	#	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(M)	y item of infor-	S should state	t of OCCUPA-	
DNG DNG	NENT RECORD, Ever	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
RGIN RESERVED FOR BINDING	IS IS A PERMA	e stated EXA	e properly class	f certificate.
N RESERVEI	ING INK-THI	AGE should b	so that it may b	tions on back o
RGI	Y, WITH UNFAD	carefully supplied.	I'H in plain terms, s	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be	CAUSE OF DEA'	TION is very imp

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Somerset	Registration Dist. No. 268
Village or City Deals Jaland	ND. St., Ward
(JF Langth of residenca in city or town where death occurradyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Missauri Harner	If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 5
5e. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of COLL WIFE-of Trank Horens	22. I HEREBY CERTIFY, That I attended decassed from
1020mg Joseph	, 19312, to 9 , 1931
6. DATE OF BIRTH (month, day, and year) 0 17 - 18 9 7 7. AGE Yeers Months Days If LESS than	I last caw h aliva on ; deeth is said
I dayhrs.	to have occurred on the dete stated eboys, at
8. Trade, profassion, or perticular	were as follows:
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc	C. renome All
9. Industry or business in which work was done, as SILK MILL,	0 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SAW MILL, BANK, etc.	en of atomber
O 1D. Date deceased last worked at this occupation (month end yeer) spent in this occupation	<u> </u>
Neals la land	Other Contributary Causes of importance:
(Stete or country)	
13. NAME Eddie Benton	
13. NAME Coddie Benton 14. BIRTHPLACE (city or town) Deals Island	Neme of operation Deta of
(Steta or country)	Whet tast confirmed diegnosis? Wes there an eutopsy? 12
15. MAIDEN NAME Cotta Parres	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cotta Passes 16. BIRTHPLACE (city or town) Leal Slaves (State or country)	Accident, suicide, or homicide? Date of Injury
E (State or country)	Where did injury occur?
17. INFORMANT Trank Hooner (Address)	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Placa Deals Island Date Jan 2 , 1937	Nature of injury
19. UNDERTAKER Fired & Shebster	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Deals Island mil	if so, spacify A
20. FILEDJANZ 1937 Rora Welster Registrar.	(Signad) W. D. (Address) Deal Deal W. D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	_ li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	state	1	L. PL	ACE OF	DEA"			g
V	should of OCC			ounty=		eis i	iowa Ma	ari
	~ to		Le	ngth of resid	dence in ci	ty or town	where d	eath o
	JAN IAN men		2. FU	LL NAI	ME	Fra	nci	S
	AD. Every YSICIAN statement) Residence				ar
	RECE. PH Exact	2234	Р	ERSON	AL AN	D STA	TISTI	CAL
	EX	3.	SEX	M	4. COLO	R OR RA	CE	5. 5
DING	RMANENT X A C T L classified.	5e.	HUSI	ried, widow BAND of WIFE of	ed, or divo	rced	Mar	·y
Z	ERN EX cla		DATE	OF BIRTH (month day	u and year		An
OR B	IS A PERM stated EX properly cla	A .	AGE	Yeer 74		Mor		1
RESERVED F	INK—THIS Should be to it may be to on back of c	OCCUPATION	9.11	rede, profes kind of w SAWYER, dustry or l work wes SAW MIL ate decease this occup	done, as S L, BANK, e	which SILK MILL etc rked at nth end	ER,	33
N. N.		12.	BIRTH	PLACE (cit	y or town) try)		S	ome
RG	UNFA ipplied terms,	ER	13. N	AME		U:	nkn	owi
	ITH—UNFA illy supplied plain terms,	FATH	14. BI	RTHPLACE (Stete or		wn)		
	WIT full n pl	HER	15. M	AIDEN NAM	ИΕ	Reb	ecc	a
	NLY, WI be careful ATH in p	MOT	16. BI	RTHPLACE (Stete or		wn)		Un
	Id DI	17.	. INFOR	MANT	E	lton	Но	wa
)	E S S	18.		L, CREMATI	Thomas .		em	De
(0. 1	B.—WRIT mation CAUSE TION i	19	. UNDER	TAKER ddress)	Dh	19	gi	00
V. IS. No.	N. B	20.	. FILED.	1/2	/	19.34	Terr	ele

MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. on (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Howard If U. S. Veteran, specify WAR___ ion (Usual place of abode) If nonresident give city or town and State PARTICULARS MEDICAL CERTIFICATE OF DEATH INGLE, MARRIED, WIDOWED, 21. DATE OF DEATH R DIVORCED (write the word) Married CERTIFY, That I ettended deceesed from Elizabeth Howa 73 ril 10 1862 Days If LESS then 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or min. Date of onset Farmer 11. Total time (years) ? spent in this occupetion ... County Whet test confirmed diegnosis?_ ----- Wes there an eutopsy?-----2223 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: known Accident, suicide, or homicide?_____ Dete of injury______ 19____ Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Marion Neture of injury. 24. Was disease or injury in eny way related to occupation of deceased? If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . FFT A 3027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 779
County	Registration Dist. No. 761
Village or City Marion Stomb	No. St., Ward death operared in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred 59, yrs	7/
2. FULL NAME Bengamin Johns	n.
(a) Residence: No. mann How (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal Cal S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (arrite tha word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Walter fluoren	22. I HEREBY CERTIFY, That I attanded deceased fro
i. DATE OF BIRTH (month, day, and year) Fel 7 1979	I last saw h aliva on
AGE Years Months Days If LESS than	to have occurred on the data stated abova, atm.
59 11 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	went out of News
kind of work dona, as SPINNER, SAWYER, BOOKKEFER, atc Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and	
10. Date dacaased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca: Office Quet upfules 1835
13. NAME acces Johnson	Classe myserrally
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Data
	What test confirmed diagnosis?
15. MAIDEN NAME Mary. 16. BIRTHPLACE (city or town) - Marrion, Md	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT May Lucon (Addrass)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CHEMATION, OR REMOVAL, Place Vrazy austerone 1/3/ 1937	Manner of injury
19. UNDERTAKER Chafs Hard Ward Mark	24. Was disease or injury in any way ralated to occupation of dacaased?
20. FILED 7/30, 1937 Gerelia Brawer	(Signad) Servey 6. 6 orllus M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 4 1997	July 5,1927	Peritonitis	3 days ago	
FUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1 1	SIAIL (OF MARYLAND—	CERTIFICATE OF DEATH 780		
	County Asy County Village or City	such med	Registration Dist. No. 268 No. St., Wa		
	Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?mos		
2	2. FULL NAME HOZO	ee Jones	If U. S. Veteran, specify WAR		
	(a) Residence: No. lo L	(Usual place of abode)	St., Ward.		
2000	PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
Pa.	SEX 4. COLOR OR RACE Mote Block	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a.	HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, Thet I ettended deceased		
ai 6	DATE OF BIRTH (month, day, end year)	ter 27 1878	I last saw h. Ann selive on		
	AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at		
or cer	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Voleruna.	were as follows: Date of or		
on back or	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		June June		
- 11 -	10. Date deceased lest worked at this occupation (month and 3/3	6 11. Total time (years) spent in this occupation			
Instructions HER 71	2. BIRTHPLACE (city or town) Solice (State or country)	and	Other Coutributory Causes of importance:		
nstr ER	1 1	ouro,			
See Inst	14. BIRTHPLACE (city or town) (State or country)	Que Mid	Name of operation Dete of What test confirmed diegnosis? Wes there an autopsy?		
rtant. OTHER	15. MAIDEN NAME	porce o	23. If death wes due to external causes (VIDL ENCE) fill in also the following:		
orta 10Th		Koure Tud	Accident, suicide, or homicide?Date of injury19		
very important.	(State or country) 7. INFORMANT (Address)	u James	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
20	B. BURIAL, CREMATION DR REMOVAL	Date Jan 17 , 1937	Manner of injury		
19.	O. UNDERTAKER SHUEL	Telend pul	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify		
20.	FILED Jan 16, 1937 Q	ora Welster Registrar.	(Signed) (Address) (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3.		1 5 3 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY,

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(106-50)
County Sauce SEX	Registration Dist. No. 26 9
Village or City Moure	ND. St. / War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
1	sds. How long in U.S. if of foreign birth?yrsmosd
711 810 . 01.	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR BASE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
To so of the or or of the word	Jall 6 193 7
. If married, widowed or divorced	(Month) (Day) (Year)
(br) WIFE of Rechard Massiels	22. Oct 6 4 1936, to Jace 6 193
DATE OF BIRTH (month, day, and year) June 16, 1877	I last saw held alive on face 6 de , 1937; death is sa
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12
49 6 20 1 day,hrs.	ware as follows:
8. Trade, profession, or particular	Date of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Meute, Brauchity Jan 4
9. Industry or business in which work was dona, as SILK MILL,	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worker at 11. Total tima (years) separation this occuration (month and	
this occupation (month and 1936 spent in this occupation	
Milaries 1	Other Contributory Causes of importance:
BIRTHPLACE (city or town) (Stata or country)	All Caupt
13. NAME Decent Window	Sycholin Syc
	Name of constitution
14. BIRTHPLACE (city or fown) (State or country)	Nama of operation Data of
15. MAIDEN NAME SALOR 7 ROSS	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). More (State or country)	Accident, suicida, or homicide? Data of injury
(State or gountry)	Where did injury occur?
WEST KALL DOJES A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	- The state of the
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Data Data 193	- Nature of injury
UNDERTAKER SELVEDSON A	24. Was disease or injury In any way related to occupation of daceased?
(Address)	If so, specify
FILED Jam 8 1937 (1200 1 13 mms H	(Signad) Jalue J. Vluby M.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUSEAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CE OF DEATH							
1/200	revse	l-		(8)	Registration D	ist. No. 26	54
	arole	L		No		St	Ward
	or Adwinavbere de	ath occurredvrs					
/	Will	Bow	1-	Page			
				St., Ward.			
			The state of the s	MEDICAL			
						OF DEATH	
le les	e RACE			21. DATE OF DEATH	(Month)	(Day)	, 193 (Year)
AND of	d			22. I HEREB		. That I attende	ed deceased from
E DIDTH (month days a	1 1	DM. 17-	37	Liast saw h elive on		19	death is said
Years Years	Months .	Days If	LESS than				, 00001113 3010
0	0			The PRINCIPAL CAUSE OF DE. were as follows:	ATH and related cause	s of importance	Date of enset
kind of work done, as	SPINNER.	none		Still B	orn		
lustry or business in wh	hich	_					
te deceased last worked	d et	spent in thi	is -				
PLACE (city or town) 5	Har	old		Other Contributory Causes of Im	portence:		
	nar	yland	2				
ME Tiles	y Na	ge					
	カーナ	for and) /	Name of operation		Date of	
	rora	Dist	ma				
IDEN NAME	rene.	FILE					
	MAL	to lografi	na			ate of injury	, 19
MANT Mac	ggie	amilh,	wa		(Specify city of t	own, county and S ME, or in PUBLIC I	otale) PLACE,
	IOVAL	seover p	rua_	Manner of injury			
ce oting	Slon	Date Dan 8	, 1937				
TAKER COLLINGIAN STATEMENT OF THE PROPERTY OF	vard	Goldy	,	24. Wes diseese or injury in eny	way related to occupa	tion of deceased?	
		IVA	1	II SO, Specify - 1/- 1/- 1/-			
The second of th	gth of residence in city of the comment of the comm	gth of residence In city or dwn, where de LL NAME Residence: No. Residence: No. AND STATISTIC 4. COLOR OR RACE Led, widowed, or divorced AND of VIFE of F BIRTH (month, day, and year) Years Months AND of WIFE of Months Months Months Months Months AND STATISTIC ALCOLOR OR RACE Led, widowed, or divorced AND of VIFE of F BIRTH (month, day, and year) Years Months Months	gth of residence In city or two where death occurred yrs. LL NAME CUJual place of abode Residence: No. (Usual place of abode Residence: No. (State of country) Park (Usual Place Residence: No. (State of country) Park (Usual Place Residence: No. (State of country) Park (Usual Place Residence: No. (State of country) Park (Usual Pla	age or City Andrew (if of gth of residence in city or town, where death occurred yrs. mos. LL NAME Residence: No. (Usual place of abode) ERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write/he word) Ided, widowed, or divorced AND of Years Months Days If LESS than 1 day, hrs. or min. ade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Justry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc SAW MILL, BANK, etc te deceased last worked et this occupation (month and year) PLACE (city or town) Advance State or country) AMDEN NAME WELLY ROUGH STATE OF THE CITY	age or City And City or Contributory And Do or Age or City And Do or Contributory And Do or Contr	Registration D age or City AND AND AND AND AND AND AND AND AND AN	Registration Dist. No. 2 de age or City Handel (If death occurred in a horpital or innitivation, give its NAME instead of street an How long in U. S. if of foreign birth? PRESIDENCE NO. (Usual place of abode) Residence: No. (Usual place of abode) RESONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR PULYARE OF DEATH AND OF THE PRINCIPAL CAUSE OF DEATH 22. I HEREBY CERTIFY, That I attended the profession, or particular or min. 1 day, man to have occurred on the date stated above, at month of the work was done a stillows: 1 sast saw h. silve on 19. to have occurred on the date stated above, at month of the work was done a stillows: 1 sast saw h. silve on 19. to have occurred on the date stated above, at month of the work was done a stillows: 1 sast saw h. silve on 19. to have occurred on the date stated above, at month of the work was done a stillows: 1 sast saw h. silve on 19. to have occurred on the date stated above, at month of the work was done a stillows: 1 sast saw h. silve on 19. to have occurred on the date stated above, at month of the work was done a stillows: 1 sast saw h. silve on 19. to have occurred on the date stated above, at month of the work was done a stillows: 2 sawyer, BOOKEEPER at the same of paration of the cause of importance were a stillows: 2 sawyer in the same occupation of the cause of importance were a stillows: 2 sawyer in the same occupation of the cause of importance were a stillows: 2 sawyer in the same occupation of the cause of importance occupation of the cause of importance occurred in thouse occurre

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TEB A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
1				

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DING INK-TI	. AGE should	so that it may	Took no proite
WITH UNFA	refully supplied	in plain terms,	tont Coo inctes
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is more immoration Coo instance on Lock of contification

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 783
County Domerset	Registration Dist. No. 24 9
Village or City Chand 10	NoSt.,Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	osds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. Chart (Usulplace of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH [Month] (Day) (Year)
Se. If merried, widowed, or divorced HUSBAND of (or) WIFE of Saach Parks	22. HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	1 last saw h_41 elive on 12 2 2 3/ 1934; death is s to have occurred on the date stated above, at 43 6 m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month end	Fatty Degeneration of Hearl.
10. Date deceased last worked at this occupation (month end yeer)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME / Amount Amoun	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bets 4 Wilson	23. If death wes due to external ceuses (VIOLENCE) fill in also that following:
15. MAIDEN NAME Delta (Wilson 16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide?
17. INFORMANT (Address) David Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Proce 12 Day 20 , 19 3	Manner of injury Nature of Injury
19. UNDERTAKER Daly Dashiell Ad	24. Was disease or injury in any wey related to occupation of deceased?
1 min 1 1 1 11	(Signed) Colombia Market M

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BUDFALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

certificate.

Jo

See instructions on back

of OCCUPA-

Exact statement

STATE OF	MARYL	AND-C	CERTIFICA	ATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
Village or City	No. Luf Registration Dist. No. 261
Langth of residence in city or town there death occurred yrs mos	
(a) Residence: No. W H W (Usual place of abode)	St., Ward. If undersident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Neuro S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Twite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) about 189 3 7. AGE Years Months Days If LESS than	t last saw h in elive on grange, 1927; death is sain
7. AGE Years Months Days If LESS than 1 day,hrs. orpjn.	to have occurred on the date stated above, at 7 . 40 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cerebrul tremombange ga 2
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (morth and	1937
10. Date deceased last worked at 1934 11. Total time (years) 20 spant in this occupation (month and 1934) 11. Total time (years) 20	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) CCCourse Co. Va.	
(State or country) 2 13. NAME John Scarboraud	Mov: 2
13. NAME Carboraugh 14. BIRTHPLACE (city or town) Accomas Co. Vic. a (State or country)	Nama of operation Date of
15. MAIDEN NAME MARTINE Crisher	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) Occount Rova. (State or country)	23. if deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Trellie Schooning	Where did injury occur?

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

If so, specify

Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nepl	nitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 6 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	duses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER-	STATEMENTS	BY	PHYSICIAN
				The second secon		1111

	Village or City	0114	2 900			Registration Dist.	
	Length of residence in		/	Vrs mo	f death occurred in a hospital or insti	tution, give its NAME inste	
2.	FULL NAME	Xana	Elis	- Brok of		ecify WAR	
	(a) Residence: No.		0		St., Ward.		
-	DEDEONAL AL	ID STATICA	(Usual place		1 MEDICAL		ity or town and State
3. SI	PERSONAL AT	OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	CERTIFICATE OF	JEAN!
-	Ferrale &	Tal	OR DIVORCE	D (write the word)	ZII DATE OF DEATH	(Month)	193
5a. I	f married, widowed, or div HUSBAND of	orced					(Day) Ges
	(or) WIFE of	Sho		-1/		Y CERTIFY, T	
6. D	ATE OF BIRTH (month, da	v. and vear)	41-19	436	I last saw h alive on	, 19, to	
7. A		Months	Days	If LESS than	to have occurred on the date sta		
		6		1 day,hrs.	The PRINCIPAL CAUSE OF DE. were as follows:	ATH and ralated causes of l	mportance Date of
N	8. Trade, profession, or particular kind of work dona	. as SPINNER.			INF D		2
OCCUPATION	SAWYER, BOOKKE 9. Industry or business i				Mumpa	of cough	
P P	9. Industry or business i work was dona, as SAW MILL, BANK,	SILK MILL, etc.	In	=	(X) At is	allen	7
Ö	 Date deceased last we this occupation (me 	orked at onth and	spe	ime (yaars) nt in this	10.5		
	year)		000	upation	Other Contributory Causes of im	portanca:	
12. 1	BIRTHPLACE (city or town (Stata or country)	000	**				***************************************
2	13, NAME	1 ten	ich Ch	les Cattons			
E	14. BIRTHPLACE (city or I	1			Name of operation		Data of
F	(State or country)	tone	ngel	g mi	What test confirmed diagnosis?_		
ER	15. MAIDEN NAME	line	Jones		23. If death was due to external c		
OTHER	16. BIRTHPLACE (city or t	own)			Accident, suicide, or homicida?	Date o	f injury, 19.
ΣΙ	(State or country)	100	ugoci	3	Where did Injury occur?	(Specify city or town,	county and State)
17. 1	NFORMANT	change.			Specify whether injury occurred	In INDUSTRY, In HOME, o	r In PUBLIC PLACE.
18. E	(Address)	REMOVAL	200	-	Magaz of Jalum		
	Place Colle	Lon	Date 1/6	10 ,1937	Manner of Injury		****
10.1	INDEPTAKED LE			/	24. Was disease or injury in any		of deceasad?
19. (JNDERTAKER (Address)		00	P	If so, specify	- A C	
20.5	ILED 1/30	1937	981	- il	(Signed) 1 Mull	A Hating	elingo
20, 1				Revistrar.	- Adams (th	the same of	Que

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25 NU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN
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name see Nester siled as welles Smith	1. Q.M. 3/15/37
	/ / / /

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLAND-	-CERTIF	ICATE	OF	DEATH
				- 44-	-	

100	0	1	o'
1	×	3	à
		1	1

1. PLACE OF DEATH	1	(120)
County Somerse	Y WITHIN	CORPORATE LIMITS Registration Dist. No. 26
Village or City	is low med	NoSt., Ward
1		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town who	re death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME "Jenn	ge dyler	If U. S. Veteran, specify WAR.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tu 7 (Nonth) (Day) (Year)
5a. If merried, widowed, or divorced	40	(real)
HUSBAND of Cilce (or) WIFE of	e oyler	22. I HEREBY CERTIFY. That I attended deceased from
	1. 72010	Jan., 1927, to Jan. 21, 1927
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Deys If LESS than	to have occurred on the date state above, at 12 - 72 m.
alens 7 LC	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jacley - Caplain	January Maryertura Jan 16
9. Industry or business in which	0 10 1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jackeny stand	
	11. Total time (years))
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	My Tallend	
(State or country)		
13. NAME Under	yr .	
13. NAME ULLO	Musurs	Name of operation
(State of country)		What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	10.	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	mour	Accident, suicide, or homicide?
(State of Country)	SAO	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address)	- Kuling	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-91	Manner of injury
Plece For A &	F Date 12 2 4 x19 37	Nature of injury
19. UNDERTAKER Plas H	1 Mars A	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	chia ind	If so, specify
20 mm 23 27 6	28 /2000000	(Signed) M. Jones rless of M. D.
20. FILED 704 5 3 , 195 / C	Registrat.	(Address) Crufield Mil
7.0		1) 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ef.	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 2 5 5	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
STREAM V. 3.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
the state of the s	-		1 S 1 1 1 1 1	

See instructions on back of certificate.

TION is very important.

-WRITE

N. B.

STATE	OF	MARYLAND-	CERTIFICA	TE OF	DEATH

1. PLACE OF DEATH	MARILAND	CERTIFICATE OF BEATH	
County		Registration Dist. No. 76	1
Village or City Maren	פציב ני	No. St., St., St. NAME instead of street and numb	Ward
Length of residence In city or town where deal		ds. How long in U.S. if of foreign birth?yrsmos	
(a) Residence: No.	Cusus Tyles (UsusIplace of abode)	If U. S. Veleran, specify WARSt., Ward.	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	OR DIVORCED (Twite the word)	21. DATE OF DEATH (Month) (Day)	Yeer
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFAY, Thet I ettended dece	ased from
6. DATE OF BIRTH (month, day, end year)	12 1866.	I lest saw h elive on for 1937; de	19.37. eth is said
7. AGE Years Months 70 5	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te ol onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	acul or of fant far	w/.37
12. BIRTHPLACE (city or town) (State or country)	occupation	Other Contributory Causes of Importence: Olime Out replaces Classe Trapeables	m/h
13. NAME HUMAN TY 14. BIRTHPLACE (city or town) (State or country)	2,	Neme of operation Date of Date of What test confirmed diagnosis? Was there an autop	sv?
15. MAIDEN NAME TOWN) 216. BIRTHPLACE (city or town) (State or country)	Puring	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
17. INFORMANT Mr. Clinear 9	nalters	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place RESPONSE THE PROPERTY OF THE PROPERTY	Date 15, 1937	Manner of injury	
19. UNDERTAKER Johns Gris	padepasod	24. Was diseese or injury in any way related to occupation of deceased?	
20. FILED 14 , 1937 June	llea 12, faciso Registrar.	(Signed) Sharper Challes	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The first of the second of the	47			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

1.	PLACE OF	F DEA	ГН			(131)			
41	County		Somerset	t County			Registration (Dist. No.	270
	Village or C	ity	Mario	n		No		St	Ward
	Length of rasi	dence in ci	ty or town where o	death occurred	78 _{rs.} 8 mos	death occurred in a hospital or institution. How long in U.S. if o	ition, give its NAME of foreign birth?	Linstead of street a	nd number) _mosds.
2.	FULL NA	ME G	eorge	F. Wa	ard	If U. S. Veteran,	specify WAR		
	(a) Residen	ce: No		Marion (Usual place of	f abode)	St.,Ward.	If nonresident	give city or town	and State
	PERSON	AL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	1
3. Si	ex M	4. COLO	R OR RACE	5. SINGLE, MARE OR DIVORCED Widow	(write the word)	21. DATE OF DEATH	(Month)	26 (Day)	, 193 7 (Year)
5a. I	f married, widow HUSBAND of (or) WIFE of	ed, or divo		Ella Wa	rđ		CERTIF	Y. That I attend	,,
6. D	ATE OF BIRTH (month, day	, and year)	April	8 1858	I last saw harman aliva on			daath is said
7. A			Months	Days	If LESS than	to have occurred on the date state	ed above, at 2.X	Zisim.	
	78		8	12	l day,hrs.	The PRINCIPAL CAUSE OF DEAT ware as follows:	TH and related cause	as of Importance	Data di casa
NOI	8. Trade, profes kind of w SAWYER,	ork dona,	articular as SPINNER, PER, etc	Retire	đ	acul &	Culol	4	Date of onset
OCCUPATION	9. Industry or Work was SAW MIL	business in dona, as S L, BANK, d	which SILK MILL, etc	F_{a}	rmer				
000	10. Data decease this occupyear)	pation (mo	ked at ? nth and ?	11. Total tic spen occu	me (years) ? t in this pation				
12.	BIRTHPLACE (cit			rion ryland		Other Contributory Causes of imp	+ wefer	lie	163
2	13. NAME		ohn War				Ja Cools	le acres.	17.34
FATHER	14. BIRTHPLACE			Marion		Nama of operation		Date o	f
	(Stata or		TTr	Maryl:	and	What test confirmed diagnosis?		Was there	an autopsy?
	15. MAIDEN NA			17		23. If death was dua to axternal can Accident, suicide, or homicide?			
Σ.	(Stata or		wn)			Where did injury occur?			
17. 1	NFORMANT		George	Ward Marion		Specify whether Injury occurred i	(Specify city or	town, county and ME, or in PUBLIC	State) PLACE.
18. [BURIAL, CREMAT	ION, OR R	EMOVAL	2017 1011		Manner of Injury			
	PlaceS	t. Par	uls Cem	Date Jan	22 ,19 37	Nature of injury			
19. (JNDERTAKER (Address)	Koh	n aps	yodal	ow	24. Was diseasa or injury In any w			
20.	41	VV.	37(16)	uelis Pa	19)	If so, specify (Signed)	. 66 or	uhr	
20. 1	FILED	J, .	15		Registrar.	(Address)	nami Y	us	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
County Vomerset	Registration Dist, No.
Village or City Cusfield	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Nellie 19. Ward	annual for the part of the par
	1f U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Au Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end year) San, 24 \$ 1894	I last saw h La alive on \au 15 , 19.37 ; death is seid
7. AGE Years Month's Days If LESS than	to have occurred on the date steted ebove, at 2 46 A.m.
42 6 2/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	Date of onaet
kind of work done, es SPINNER, Manuel Viurse	Careerina of Ne Hesst Jan. 1936
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, Manuel Viuse SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et Thought 11. Total time (yeers) this occupation (month end 8 month) yeer) occupation	
12. BIRTHPLACE (city or town) Crisfield P. F.D	Other Contributory Causes of importance:
(State or country)	
13. NAME Jas. H. Ward, 14. BIRTHPLACE (city or town)	
(State of Country)	Name of operation the late the late the Dete of the 17.36 what test confirmed diagnosis? Accepted the latest Was there en europsy? No.
15. MAIDEN NAME Pesse J. Dawson,	23. If deeth was due to external courses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME PLANE TO DAWSON 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury,19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT /Ms. J. Honolf. Mad.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Lurfield leuchity Date Jau, 19th, 1937	Manner of injury
19. UNDERTAKER Di Dawson x don. (Address)	24. Wes disease or injury in any way related to occupation of deceased?
044 17 27 0 6/00000	(Signed) S. W. Perfor M.D.
20. FILED (TYM 1) , 195. J. G. G. C. C. Registrar.	(Address) Crisfell, Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage LB July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

	STATE	OF	MARYLA	ND-	CERTIF	CATE	OF	DEATH	4
F	DEATH A		2_			— (131)			

1. PLACE OF DEATH	A	(31)	
County Donne	ersel.	egistration Dist. No.	05
Village or City Cress	lield	No. St	Ward
Langth of spilesse in city or town	(1	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where	deeth occurred yrs mo	sds. How long in U.S. if of foreign birth?yrsm	iosds
2. FULL NAME A MILE	D. Well.	If U. S. Veteran, specify WAR.	
(a) Residence: No. Som	ust ave	CORPORATE LIMITS OF	
DEDCOMAL AND STATE	(Usual place of abode)	If nonresident give city or town and	I State
PERSONAL AND STATIST	The state of the s	MEDICAL CERTIFICATE OF DEATH	
3. SEX 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 16th	-, 193 Y
5a. If married, widowed, or divorced HUSBAND of	0		
(or) WIFE of J. J. Wie	eb b	22. I HEREBY CERTIFY, That I attended	deceased from
	une 8 th 1868		19.5
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	Days If LESS than	I last saw h, 19, 19	; death is said
1.0	1 day,hrs.	to have occurred on the date stated abova, at	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Househeelen	0. 6 10	
9. Industry or business in which	- Company	coming curvels	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Come prosellet	
1D. Data deceased last worked at this occupation (month and year)	11. Total time (yaars) . spent in this occupation		-
12. BIRTHPLACE (city or town)	200	Other Centributery Causes of importance:	7 11
(Stata or country)	el lo. Md.	alient arters settings	and by
13. NAME NOOL T	Boyand.	Climes det ufluelis.	
13. NAME Voal J. 10	1 24 - 1 1		
(State or country)	set Co. alla.	Name of operation	
15. MAIDEN NAME Mariat	2. Alexeira	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Mariat 16. BIRTHPLACE (city or town)	- Daning!	23. If death was due to external causes (VIOLENCE) fill in also the following	Ti and the second
Stata or country)	erse G. Md.	Accident, suicide, or homicida? Data of injury Where did injury occur?	, 19
7 D W.	12	(Specify city or town, county and State	te)
17. INFORMANT Cus	ill Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	in mu	Manner of injury	
Place Crapiela me	Data June 19, 1937	Nature of injury	
8 8 9 9 1	MAN		
19. UNDERTAKER (Address)	eld Mil	24. Was disease or injury In any way related to occupation of decaasad?	
Q 22 1/ 27 0	5 01-00	(Signed)	
20. FILED 19.0 1 79.0	Registrar.	(Addrass)	M. D.
	Accession.	(muladd) - J	

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Example II			
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEG & 1937	July 5, 1927	Peritonitis	3 days ago	
	RETRINU V. 8.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	